

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/609,250
Filing Date	06/30/2000
First Named Inventor	Korenaga
Group Art Unit	1732
Examiner Name	Vargot, Matthieu D
Total Number of Pages in This Submission	Attorney Docket Number
	033216.050

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response □ After Final □ Affidavits/declaration(s) □ Extension of Time Request □ Express Abandonment Request □ Information Disclosure Statement □ Certified Copy of Priority Document(s) □ Response to Missing Parts/ Incomplete Application □ Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Clean Version and Marked Up Version of the Claims and check for \$108
Remarks <hr/>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael A. Makuch - Reg. 32263
Signature	
Date	6/26/02

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: _____

Typed or printed name		Date
Signature		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
JUL 3 2002
TC 1700

1732
AP

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
108

Complete if Known

Application Number	09/609,250
Filing Date	06/30/2000
First Named Inventor	Korenaga
Examiner Name	Vargot, Matthieu D
Group / Art Unit	1732
Attorney Docket No.	033216.050

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Other None
Order
 Deposit Account:Deposit
Account
Number

--

Deposit
Account
Name

02-4300

The Commissioner is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1)

(\$)
0

2. EXTRA CLAIM FEES

Total Claims	<input type="text" value="26"/>	-20 **	= <input type="text" value="6"/>	X <input type="text" value="18"/>	= <input type="text" value="108"/>
Independent Claims	<input type="text"/>	- **	= <input type="text" value="0"/>	X <input type="text"/>	= <input type="text" value="0"/>
Multiple Dependent			X <input type="text"/>	= <input type="text" value="0"/>	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)
108

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive – unavoidable	
141	1,280	241	640	Petition to revive – unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17 (q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)
0

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Michael A. Makuch	Registration No. Attorney/Agent)	32263	Telephone	202/659-2811
Signature				Date	6/26/02

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



U.S. Patent App. No. 09/523,063
Docket: 033216.050

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/609,250

Filing Date: 06/30/2000

First Named Inventor: Korenaga

Examiner: Vargot, Matthieu D

Group Art Unit: 1732

For: MICRO-SHAPE TRANSCRIPTION METHOD, MICRO-SHAPE TRANSCRIPTION APPARATUS, AND OPTICAL-COMPONENT MANUFACTURE METHOD

RECEIVED
JUL 8 2002
TC 1700

AMENDMENT AND RESPONSE TO OFFICE ACTION

Box No Fee Amendment
Commissioner for Patents
Washington, D.C. 20231

A response to the Office Action mailed March 26, 2002 is being timely filed by the June 26, 2002 due date. Applicants request that the application be amended as follows.

AMENDMENT TO THE CLAIMS

Please amend claim 9 as shown by the enclosed marked up version of this claim.

Please add new claims 12-17.

A clean copy of claim 9 and the new claims is enclosed for the Examiner's review. Applicant has enclosed the requisite fees for these amendments.

07/01/2002 AUSMANI 00000016 09609250

01 FC:103

108.00 DP